## STATE OF INDIANA

## **APPLICATION F**

FOR MARRIAGI	R MARRIAGE LICENSE		/• 0
FLOYD	County	Date of Apol	ication

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Medical Examination or Report Dated Name of Physician \_

MALE APPLICANT	FEMALE APPLICANT
Name Fist Middle Lias;	Name Arst Mittelle Cast
Date of Birth Months Day 5 Year 6 1	Date of Birth Month / Day Year O Co
Place of Birth (State or topeign/country)	Place of Birth (State or foreign country)
Tillya yy	+ low
Residence Address Street of R.B. Scity County State	Residence Address Street or B.R. Sity (County State )
Previous Marital Status: Never Married OR	Previous Marital Status. Never Married M OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by:   Birth Certificate  Other (Specify)	Date of birth verified by: Birth Certificate Dother (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No ເ€ Yes □	Are you now or have you ever been adjudged to be of unsound mind? No  ✓ Yes □
Are you now or have you ever been adjudged to be of unsound mind? No       No □ Yes □      Yes □      Yes □      Yes □      Yes □      Yes □      Yes □	If answer is "yes," has the adjudication been removed?  No □ Yes □
2. Are you related to the female applicant closer than second cousin? No Yes	2. Are you related to the male applicant closer than second cousin? No 凝 Yes □
B. Are you now under the influence of an alcoholic beverage? No.★ Yes □	3. Are you now under the influence of an alcoholic beverage? No Æ Yes □
4. Are you now under the influence of a narcotic drug? No 凝 Yes □	4. Are you now under the influence of a narcotic drug? No ズ Yes □
5. List the full names of any dependent children. //one	5. List the full names of any dependent children.
5. (a) Full name of father	6. (a) Full name of father
of dependent children	of dependent children
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of mother of dependent children	(b) Full maiden name of mother of dependent children
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
(a) Full name of applicant Land Swing Larries	7. (a) Full name of applicant's Leaneth Marine Panet
Residence of father (if deceased, so state) 82/1 Sara Car Sela	father Residence of father (if deceased, so state) 5533 Craks Mena
Birthplace of father (State or foreign country bussiell, Ky	Birthplace of father (State or foreign country) (Lange Coc See See
(b) Full maiden name of applicant (b)	(b) Full maiden name of applicant's
mother And All Conseed so state And Conference of mother (if deceased so state)	mother that the file of the fi
Birthplace of mother (if deceased, so state)  Birthplace of mother (State or foreign country)	Birthpiace of mother (State or foreign country)
Simples of mother istate of foreign costility)	Birthplace of mother (State of Toreign Country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
mmune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant Date	Signature of Applicant Date
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
New of trades 4	
State of Indiana State	State of Indiana ( ) ss: I swear/affirm that the information given in this application is true and correct.
Y signed Frevor L. Farris	Your Ying W. Barret
New Address	New Address
Subscribed and sworn to before me this // day of //occ 19.87	Subsgribed and sworn to before merthis // pay of // 19
William B Bulk Clerk of the FLOYD Circuit Court	William B. Jaks Clerk of the FLOYD Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana ) ss: County of)	State of Indiana ) County of) ss:
SignedFather	
Signed Mother	Signed Father Signed Mother
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
	Court, by written order issued
	issuance of a marriage license to the above named parties.
and filed in, authorizes and directs the	issuance of a marriage license to the above named parties.  BE AND MARRIAGE CERTIFICATE
RETURN OF MARRIAGE LICENS  Certify that there was filed in my office a marriage license issued by the	BE AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of FLOYD County, Indiana.
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the	BE AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of FLOYD County, Indiana.
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the dated	RE AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of FLOYD County, Indiana, EVOR L. FARRIS and TINA M. BANET
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the dated	Clerk of the Circuit Court of FLOYD County, Indiana, EVOR L. FARRIS and TINA M. BANET  Office:  to on 12/1/89 (date), at NAVILLETON in
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the dated	Clerk of the Circuit Court of FLOYD County, Indiana, EVOR L. FARRIS and TINA M. BANET  office: con 12/1/89 (date), at NAVILLETON in County INDIANA
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the dated	Clerk of the Circuit Court of FLOYD County, Indiana, and TINA M. BANET  Office:  to on 12/1/89 (date), at NAVILLETON in RIS of FLOYD County, INDIANA (state) were married by me as
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